

13(c). Preventive Services
(2) Services to Treat Autism Spectrum Disorders Pursuant to EPSDT

A. Service Description

General Description. Services to treat autism spectrum disorders (ASD) pursuant to EPSDT are provided only to Medicaid beneficiaries (defined below as individual or individuals) under age twenty-one. Pursuant to 42 C.F.R. § 440.130(c), these services are provided as preventive services and are recommended by a physician or other licensed practitioner of the healing arts within his or her scope of practice under state law to prevent disease, disability, and other health conditions or their progression; prolong life; and promote physical and mental health and efficiency.

If the Level of Support Determination is signed by a qualified practitioner and recommends services consistent with a requested comprehensive diagnosis to pursue development of the behavioral plan of care or ASD treatment services, as applicable, then such evaluation report is the licensed practitioner's recommendation of the services pursuant to 42 C.F.R. § 440.130(c).

1. Screenings Prior to Receiving ASD Treatment Services. These screenings are covered under the Physician Services, Other Licensed Practitioner, or Clinic benefit category, as applicable.

Service	Service Description	Qualified Practitioners	Approved ASD Screening Tools
Medical Screening	A review of the individual's overall medical and physical health, hearing, speech, and vision, including relevant information and must include an ASD screening tool as approved by the state agency. The screening is also designed to rule out medical or behavioral conditions other than ASD, including those that may have behavioral implications and/or may co-occur with ASD.	Medical Doctor (MD, OD)	The most current versions of the following screening tools:
		Physician's Assistant (PA)	
		<ul style="list-style-type: none"> • Nurse Practitioner (NP) • Advanced Practice Registered Nurse (APRN) 	<ul style="list-style-type: none"> • Ages and Stages Questionnaire-3 (ASQ-3) • BRIGANCE® Screens • Child Development Review – <ul style="list-style-type: none"> ○ Parent Questionnaire ○ Child Development Inventory (18 months or age and older) ○ Infant Development Inventory (up to 18 months or age) • Childhood Autism Rating Scale (CARS) • Parents' Evaluations of Developmental Status (PEDS)

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Service	Service Description	Qualified Practitioners	Approved ASD Screening Tools
			<ul style="list-style-type: none"> • The Modified Checklist for Autism in Toddlers (M-CHAT) • The Autism Spectrum Screening Questionnaire (ASSQ) for children 4 years of age and older • The Pervasive Developmental Disorders Screening Test–II (PDDST-II)

The individual must receive a Medical Screening Evaluation indicating the possibility of an ASD before receiving a comprehensive Autism Diagnostic Evaluation, behavior assessment, or ASD treatment services including development of a behavioral plan of care.

2. Autism Diagnostic Evaluation:

Service	Service Description	Qualified Practitioners including Credential/ Licensure and Required Supervision (if applicable)	Tools Required	Required Experience
Autism Diagnostic Evaluation	<ul style="list-style-type: none"> • Determine ASD diagnosis and medical necessity of services • Collaborate with the family to determine the professionals best suited for the child's EDT. • The EDT will conduct a coordinated multidisciplinary assessment using multiple tools 	Clinical Oversight (The individual's primary care provider OR one of the following to Administer Diagnostic Evaluation - Required) <ul style="list-style-type: none"> • Licensed Psychologist (PhD, PsyD, EDD) • Clinical Psychiatrist (MD) • Pediatrician (MD) 	<ul style="list-style-type: none"> • ADOS-2 (for determining ASD) • Vineland II (Behavior Assessment Tool for determining 	<ul style="list-style-type: none"> • Minimum 2 years of experience including autism-spectrum specific training

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Service	Service Description	Qualified Practitioners including Credential/ Licensure and Required Supervision (if applicable)	Tools Required	Required Experience
	<p>to evaluate and diagnose (or confirm the diagnosis of) ASD. The evaluation will incorporate relevant medical information and identify the child's strengths, needs, interests, and challenges as related to the child's daily routines. Evaluations will also include an environmental assessment in order to determine interventions, supports, and resources that are appropriate for the child, as well as his or her family.</p> <ul style="list-style-type: none"> The EDT will produce a collaborative report based upon findings of the initial evaluation including a Level of Support determination form (Attachment A). 	<ul style="list-style-type: none"> Licensed Independent Clinical Social Workers (LICSW) Psychiatric Clinical Nurse Specialist (CNS) Psychiatric Nurse Practitioner (NP) <p>Speech-Language Pathologist (Required)</p> <ul style="list-style-type: none"> Speech and Language Pathology - Certificate of Clinical Competence (SLP-CCC) Speech and Language Pathology with Audiology Specialty (A-SLP-CCC) <p>Occupational Therapist (OT) (Required if no PT)</p> <ul style="list-style-type: none"> Licensed Occupational Therapist (OTRL) Certified Occupational Therapy Assistant (COTA) <ul style="list-style-type: none"> Licensed Occupational Therapist (OT) supervision required <p>Licensed Physical Therapist (PT)</p>	<p>Medical Necessity; see Attachment A)</p>	

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Service	Service Description	Qualified Practitioners including Credential/ Licensure and Required Supervision (if applicable)	Tools Required	Required Experience
		(Required if no OT) <ul style="list-style-type: none"> • Licensed Physical Therapist (PT) • Licensed Physical Therapist Aide (PTA) <ul style="list-style-type: none"> ○ Licensed Physical Therapist (PT) supervision required 		
		Additional practitioners may be incorporated, as determined by the clinical oversight, as optional additions to a diagnostic team in the event that other possible disorders or conditions must be ruled out to successfully diagnose Autism		

The individual must receive a Medical Screening Evaluation and an Autism Diagnostic Evaluation determining medical necessity before receiving ASD treatment services.

B. Service Components

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Service	Service Description	Qualified Practitioners including Credential/ Licensure and Required Supervision (if applicable)	Care Plan Tools Allowed	Practices Required
Behavioral Program Design and Monitoring (BPDM)	<p>The BPDM is:</p> <ul style="list-style-type: none"> Behavior Assessment; a clinical compilation of observational data, behavior rating scales, and reports from various sources (<i>e.g.</i>, schools, family, pediatricians, and other sources) designed to identify the individual's current strengths and needs across developmental and behavioral domains Development of a Care Plan including the following: <ul style="list-style-type: none"> measurable goals and expected outcomes to determine if ASD treatment services are effective; specific description of the recommended amount, type, frequency, setting and duration of ASD 	<p>Behavioral Interventionist</p> <ul style="list-style-type: none"> Board Certified Behavior Analyst-Doctoral (BCBA-D) Board Certified Behavior Analyst (BCBA) Registered Behavior Analyst (RBA) <ul style="list-style-type: none"> BCBA-D, BCBA, Licensed Psychologist (PhD, PsyD, EDD) Licensed Psychologist (PhD, PsyD, EDD) Social Worker <ul style="list-style-type: none"> Licensed Clinical Social Worker (LCSW) Licensed Independent Clinical Social Worker (LICSW) 	<ul style="list-style-type: none"> Essentials for Living The Assessment of Basic Language and Learning Skills - Revised (ABLLS-R) CARD assessment Individualized Goal Selection Curriculum VB-MAPP: Verbal Behavior Milestones Assessment and Placement Program Social Skills Solutions: A Hands-On Manual Autism Spectrum Rating Scale Gilliam Asperger Disorder Scale Social Communication Questionnaire Wechsler Intelligence Scale for Children Stanford Binet Wechsler Individual Achievement Test II Yale Brown Obsessive 	<p>Evidence-based practices based upon national standards set by the Autism Evidence-Based Practice Review Group, University of North Carolina at Chapel Hill.</p>

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	<p>treatment services;</p> <ul style="list-style-type: none"> ○ Amount and type of caregiver (defined below) ongoing participation in the ASD treatment services necessary to maximize the success of the services. • Trains and oversees the Skills Trainers who work directly with the participant on implementing their specific training plan protocol. • The formal Care Plan is written in accordance with the objectives specified in the individual's Participant Service Plan. • Meet with the participant's Skills Trainer and the parents at least monthly for the purpose of reviewing progress on the formal training objectives and reviewing the need for changes 		<p>Compulsive Scale</p> <ul style="list-style-type: none"> • Peabody Individual Achievement Test • Kaufman Brief Intelligence Test 2 • Revised Children's Manifest Anxiety Scale 2 • Children's Depression Inventory • UCLA Post Traumatic Stress Disorder RI 	

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Service	Service Description	Qualified Practitioners including Credential/ Licensure and Required Supervision (if applicable)	Care Plan Tools Allowed	Practices Required
	in the formal Care Plan.			
Skills Training (ST)	<ul style="list-style-type: none"> The Skills Training (ST) will train the parent(s) on implementing interventions across multiple settings. ST provides hands-on training using evidence-based behavioral intervention methods as directed by the Behavioral Program Design and Monitoring Professionals. The ST may also provide general assistance and support on interventions to individuals who provide unpaid support, training, companionship or supervision to participants. The ST will meet with the participant's Behavioral Program Design and Monitoring Professional and the parents at least monthly for the purpose of reviewing progress on the formal training 	<p>Practitioners providing Skills Training (ST) services that are not enrolled with ND Medicaid to provide Behavioral Program Design and Monitoring (BPDM) services, must be under the supervision of a practitioner that is enrolled to provide BPDM and will follow the specific training protocols developed in the Care Plan.</p> <p>Behavioral Analyst</p> <ul style="list-style-type: none"> Board Certified Behavior Analyst - Doctoral (BCBA-D) Board Certified Behavior Analyst (BCBA) Registered Behavior Analyst(RBA) Registered Behavior Technician (RBT) <p>Psychology</p> <ul style="list-style-type: none"> Licensed Psychologist (PhD, PsyD, EDD) Licensed Professional Clinical Counselor (LPCC) Licensed Professional Counselor 	N/A	Evidence-based practices based upon national standards set by the Autism Evidence-Based Practice Review Group, University of North Carolina at Chapel Hill.

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Service	Service Description	Qualified Practitioners including Credential/ Licensure and Required Supervision (if applicable)	Care Plan Tools Allowed	Practices Required
	objectives and reviewing the need for changes in the Care Plan.	<p>(LPC)</p> <ul style="list-style-type: none"> • Psychiatric Triage Therapist • Licensed Marriage and Family Therapist (LMFT) • General psychology degree (BA, BS) <p>Nursing</p> <ul style="list-style-type: none"> • Psychiatric Clinical Nurse Specialist (CNS) • Registered Nurse (RN) • Licensed Practical Nurse (LPN) • Psychiatric Nurse Practitioner (NP) <p>Social Worker</p> <ul style="list-style-type: none"> • Licensed Independent Clinical Social Worker (LICSW) • Licensed Clinical Social Worker (LCSW) • Licensed Social Worker (LSW) • Masters in Social Work (MSW) <p>Occupational Therapy</p> <ul style="list-style-type: none"> • Licensed Occupational Therapist (OTRL) • Certified Occupational Therapy Assistant (COTA) <p>Physical Therapist</p> <ul style="list-style-type: none"> • Licensed Physical Therapist (PT) 		

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Service	Service Description	Qualified Practitioners including Credential/ Licensure and Required Supervision (if applicable)	Care Plan Tools Allowed	Practices Required
		<ul style="list-style-type: none"> • Licensed Physical Therapist Aide (PTA) <p>Speech-Language Pathologist</p> <ul style="list-style-type: none"> • Speech and Language Pathology - Certificate of Clinical Competence (SLP-CCC) • Speech and Language Pathology with Audiology Specialty (A-SLP-CCC) 		

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ASD Services Framework

1. Training goals will be outcome based and progress toward goals will be monitored by training data. Behavioral intervention training seeks to develop skills in the following areas (including):
 - a. Social Skills, and related skills to enhance participation across all environments (school, home and community settings) and relationships, including imitation, initiation of social interactions with both adults and peers, reciprocal exchanges, parallel and interactive play with peers and siblings;
 - b. A functional communication system which may include expressive verbal language, receptive language and nonverbal communication skills and augmentative communication;
 - c. Increased engagement and flexibility in the exhibition of developmentally appropriate behaviors, including: play behavior, attending behavior, responding to environmental cues (including cues from the training staff and others) and cooperation with instructions;
 - d. Replacement of inappropriate behaviors with more conventional and functional behaviors;
 - e. Working with caregivers and others in the environment to promote the participant's competence and positive behavior;
 - f. Fine and gross motor skills used for age-appropriate, functional activities, as needed;
 - g. Cognitive skills related to play activity and academic skills;
 - h. Adaptive behavior and self-care skills to enable the participant to become more independent and/or;
 - i. Independent exhibition of organizational skills including completing a task independently, asking for help, giving instructions to peers and following instructions from peers, following routines, self-monitoring and sequencing behavior.
2. Participation by Caregiver in ASD Treatment Services: Over half of all interventions must involve the primary caregiver to ensure generalization of skills
 - a. Presence / Availability of Caregiver: A caregiver shall be present or available at all times in or around the home when services are being provided in the home. For services provided outside of the home, a caregiver shall be present or available as necessary based on the ASD treatment services provider's clinical judgment.
3. Supervision of Skills Trainers. Skills Trainers requiring supervision by a qualified provider (described above). Such supervision must:

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- a. Be one-on-one with the supervising provider and documented on an ongoing basis.
- b. Be at least ten percent of the amount of hours that the Skills Trainer is providing ASD treatment services to each individual.

C. Limitations

1. Total ASD treatment services from all sources may only be the amount medically necessary for each individual as determined by the Vineland II scores based upon Attachment A.
2. The department shall not pay for program services or components of services that:
 - a. Are of an unproven, experimental, cosmetic or research nature.
 - b. Do not relate to the individual's diagnosis, symptoms, functional limitations or medical history.
 - c. Are intended solely to prepare individuals for paid or unpaid employment or for vocational equipment and uniforms.
 - d. Are solely educational, vocational, recreational, or social.
 - e. Are not coverable within the preventive services benefit category, such as respite care, child care, or other custodial services
 - f. Duplicate other State Plan Services.

D. Free Choice of Provider

Individuals eligible to receive ASD services described in this section have a free choice of any available provider qualified to perform the services. Providers must be enrolled as a Medicaid provider.

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ATTACHMENT A: Determining Medical Necessity

Level of Support determination

Eligibility:

Using the Vineland (VABS-2),

- Option A –
 - A total score or a score on any two elements of the Adaptive Areas (Communication, Daily Living skills, Socialization, and Motor skills) of two standard deviations below the mean of 100 (i.e., a score of 70 or below).
- Or
- Option B –
 - A total score, or a score on any two elements of the Adaptive Areas (Communication, Daily Living Skills, Socialization and Motor skills), of one standard deviation below the mean of 100 (score of 71-85)
 - AND a score on the Maladaptive Scale internal, external, or total is clinically significant, a v-scale score over 20.

Scores within the Standard Error of the Measurement (SEM) on any ONE criterion meets the standard if other scores achieve the standard without considering SEM.

Level of Support Determination:

Level 1 – basic eligibility receives foundational level of services.

Level 2 – Level 1 Option A, and VABS-2 Maladaptive Scale over 20 receives a higher level of service.

Level 3 – VABS-2 Maladaptive Scale over 20 and at least one out-of-home placement/hospitalization during the previous 12 months receives the highest level of services

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Additional considerations for Level 3 include:

- *Two or more inpatient stays in a 12 month period
- *Current risk of ongoing hospitalization/out of state placement due to a lack of community services
- *Current need for 1 to 1 staffing required in a facility setting
- *Current need for daily restrictive interventions

Level of Care Step-Down Determination:

Level 3 to Level 2 – VABS-2 Maladaptive Scale under 21 with

- No out-of-home events in the previous year
- Individual staffing is supportive/training based only
- Use of restrictive interventions average no more often than once per week
- Reconsideration can be made with submission of updated data reflecting higher need level criteria that re-occurred or there is clear evidence of such risk

Level 2 to Level 1 – VABS-2 Maladaptive Scale under 21 with

- VABS-2 Adaptive Subscale change score showing progress across all domains
- Reconsideration of step down can be made with submission of updated data reflecting that this achievement is not stable under the reduced level of service

Level 1 to Fading of Services

- VABS-2 scores within 2 Standard Deviations across all Adaptive Subscales across at least two respondents familiar with separate settings (e.g., home/parent and school/teacher)